

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **32516**

32516

FILED OCT 10 1952

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **188**

1. PLACE OF DEATH a. COUNTY Phelps b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla c. LENGTH OF STAY (in this place) 16 mo. d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Argyle d. STREET ADDRESS (If rural, give location) None		
3. NAME OF DECEASED a. (First) JOHN b. (Middle) A. c. (Last) STEWART		4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH June 15, 1873		
9. AGE (In years last birthday) 79 If under 1 year: Months _____ Days _____ If under 1 mo.: Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) Roanoke, Virginia			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Samuel Stewart		13b. MOTHER'S MAIDEN NAME Betty Bowers		14. NAME OF HUSBAND OR WIFE Maude	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Harry Stewart ADDRESS Rolla, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage ANTECEDENT CAUSES (b) Chronic Nephritis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5:41 p.m. to 9:30 p.m., 1952, that I last saw the deceased alive on Sept 30, 1952, and that death occurred at 9:30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE R. B. Stewart M.D.		23b. ADDRESS Rolla Mo - Ramsey St		23c. DATE SIGNED 10-2-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 4, 1952		24c. NAME OF CEMETERY OR CREMATORY Bowen Cemetery	
24d. LOCATION (City, town, or county) (State) Gasconade County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Zull ADDRESS Rolla, MO.			
DATE REC'D BY LOCAL REG. Oct. 2, 1952		REGISTRAR'S SIGNATURE Nadine L. Stalder			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
v. 10.48

County File Number _____
Date Filed 10-9-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.